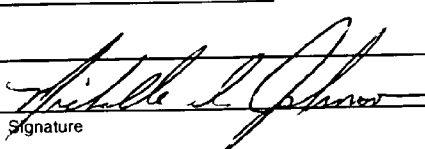
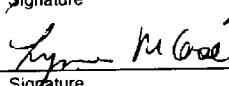
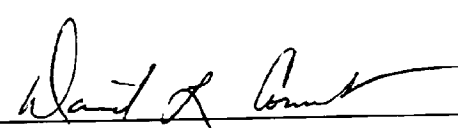


## ECS Configuration Change Request

Page 1 of 1 Pages

|  |                      |   |                  |
|--|----------------------|---|------------------|
| CCR No. 98-0466  | Logged Date 04-13-98 | Rev. -  | Request Type CCR |
| Priority Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Emergency <input checked="" type="checkbox"/>  | Affected Release B   | Change Class IN   |                  |
| Title (description)<br>Request to install DB Artisan   |                      |   |                  |
| Documents Affected<br>N/A  |                      | Source Nos (RID, NCR, Action Item, GSFC CCR, etc.) or Tech Reference<br>N/A                                     |                  |
| RTM Change <input type="checkbox"/> Start New Baseline <input type="checkbox"/>  |                      |   |                  |
| Problem<br>DB Artisan needs be installed on the PC located in 3000F.   |                      |   |                  |
| Proposed Solution<br>Install DB Artisan on Beilin Yin's PC in 3000F.   |                      |   |                  |
| Impact Analysis: Need by date: 4/20/98   |                      |   |                  |
| Organizations Affected: BOO <input type="checkbox"/> Contracts <input type="checkbox"/> ESO <input type="checkbox"/> FOS <input type="checkbox"/> M&O <input type="checkbox"/>   |                      |   |                  |
| QA <input type="checkbox"/> Rel. A <input type="checkbox"/> Rel. B <input checked="" type="checkbox"/> Rel. IR1 <input type="checkbox"/> MRS <input type="checkbox"/> SMO <input type="checkbox"/> Subconts <input type="checkbox"/> |                      |   |                  |
| A.1 <input type="checkbox"/> Other _____   |                      |   |                  |
| Cost: None <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/><br>(Not exceeding \$100,000) (\$100,000 to \$500,000) (Over \$500,000)                  |                      |   |                  |
| Schedule: None <input type="checkbox"/> Other _____  |                      |   |                  |
| Additional LOC _____ Man-Months _____  |                      |   |                  |
| Materials _____  |                      |   |                  |
| Originator Michelle D. Johnson   |                      | Signature  Date 4/13/98     |                  |
| Office Release B   |                      | Office Manager  Date 4/13/98 |                  |
| Disposition Approved <input checked="" type="checkbox"/> Approved w/Comment <input type="checkbox"/> Forward <input type="checkbox"/> Disapproved <input type="checkbox"/>   |                      |   |                  |
| Comments:  |                      |   |                  |
| CCB Chairperson    |                      | Date 4/15/98  |                  |

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